

Harry L. Samuel

Plaintiff,

v.

C.A. NO. 05-037-SLR

First Correctional Medical
Defendants.

Plaintiff Response to Defendant FCM Request for Production

1. See Produced Documents. Plaintiff will further Produce as investigation/discovery develops.
2. See Produced Documents. (*as investigation/discovery develops).
3. See Produced Documents (as investigation develops).
4. N/A.
5. See Dental Fee Sheet 4.00 and court filing fee 150.00.
6. See Produce sick call slip signature and Medical Grievance. Plaintiff will Produce as investigation/discovery develops.



Harry L. Samuel Pro Se
SBI # 201360

Delaware Correctional Center

Date 1-27-2007

Harry Samuel

Plaintiff

v

Civ. No. 05-037-SLR

Thomas Carroll (Warden)

Rob Young, First Correctional Medical
and Correctional Medical Service

Motion to Compel Discovery: for FCM

The Plaintiff moves Pursuant to Rules 34(b) and 37(a), Fed. R. Civ. P., for an order compelling the defendants to produce for inspection and copying the interrogatories and documents requested on August 23, 2006.

Affidavit in Support of Motion to Compel

1. Samuel, submit to the U.S. District Court that I am the Plaintiff in this case. I make this affidavit in support of my Motion to Compel discovery.
2. On August 23, 2006, I served on the defendants' counsel (First Correctional Medical) a request for interrogatories and production of documents, which is attached as Exhibit-1.
3. The Defendants did not respond to Plaintiff request after 30 days, nor did they request an adjournment from the court or seek my agreement to an adjournment.
4. On October 1, 2006, Plaintiff wrote to defendants Dana Spring Monzo (FCM) Counsel pointing out that their responses were a month and one week late and Plaintiff requesting that defendant respond to Plaintiff Discover Request (produce discovery request). Exhibit-2.
5. Defendants' counsel did not respond to my letter in over 30 days.
6. Defendants' objections are waived as a result of their failure to make them in a timely manner. Rule 34, Fed. R. Civ. P., Godsey v. United States, 133 F.R.D 111, 113 (S.D. Miss. 1990). Wherefore, the Plaintiff requests that the court grant this motion in all respects.

Respectfully submitted
Harry L. Samuel, Pro se

Date 11-7-2006

9/9/04

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

21 B 91

Housing Location

00201360

SBI Number

9-3-04

Date Submitted

Complaint (What type of problem are you having)? my tooth is chipped or the filling came out. If its not filled soon I will loose my tooth
I have pain and cant sleep

Harry Samuel

Inmate Signature

9-3-04

Date

The below area is for medical use only. Please do not write any further.

S:

See 10/11/04

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

RECEIVED

P:

RECEIVED

E:

RECEIVED

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

000016

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

MHU/MAX 21 B 9 L

Housing Location

00201360

SBI Number

10-2-04

Date Submitted

Complaint (What type of problem are you having)? my filling came out and I have a large hole in my back tooth. I need to see dentist to get my tooth filled.

This is my third attempt its been a month now.

Harry Samuel

Inmate Signature

10-2-04

Date

The below area is for medical use only. Please do not write any further.

S:

RECEIVED OCT 05 2004

Seen 10/7/04 ASW

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

19E34

21D46

Housing Location

00201360

SBI Number

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came out 9 months ago and my tooth need to be filled and my teeth need to be even up with Braces.

This is my 6th attempt to get treatment and its over 9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

already

P:

scheduled

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

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Exhibit 27 (27)

Medical GRIEVANCE FORM

FACILITY: D.C.C.

DATE: Oct. 7 2004

GRIEVANT'S NAME: Harry Samuel

SBI#: 00201360

CASE#: _____

TIME OF INCIDENT: Sept 5, 2004

HOUSING UNIT: 21 B 9 L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a sick call slip (form) in the sick call box on Sept. 7, 2004. Sgt. Sullivan gave me the sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will lose my tooth. Also the warden wrote a letter to have braces to fix my front teeth it's been years the dentist didn't call me. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month. Since my request (sick call was put in). The dentist assistant seen me after a month but no treatment now it's been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: To have my tooth fillin by the dentist
soon before I lose my tooth and to have my front tooth treated
like the warden said he notified the dentist Supervisor to take
action.

GRIEVANT'S SIGNATURE: Harry Samuel DATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

Exhibit - 27

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forware a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month sence my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 10/22/2004

Investigation Sent : 10/22/2004 Investigation Sent To : Wolken, Gina

Grievance Amount :

Exhibit 27

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 21, Upper, Tier D, Cell 6, Bottom	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Date of Report 10/22/2004

Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

IGC

Medical Provider: Date Assigned

Comments:

Forward to MGC Warden Notified

Forward to RGC Date Forwarded to RGC/MGC : 12/03/2004

Offender Signature Captured Date Offender Signed :

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

APPEAL REQUEST

No appeal returned

REMEDY REQUEST

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005 Vote : Uphold

Comments :

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION			
Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC	
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom		
DECISION			
Decision Date: 06/20/2005	Vote : Uphold		
Comments :	I concur with the recommendation of the BGO.		

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L.	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

MGC

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 2/15/05

You were seen by the dentist and are on the waiting list for a filling.

Appeal form provided.

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

June 20, 2005

Inmate SAMUEL HARRY L
SBI # 00201360
DCC Delaware Correctional Center
SMYRNA DE, 19977

21 DU-6

Dear HARRY SAMUEL:

We have reviewed your Grievance Case # 7953 dated 10/07/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

Exhibit 21

for the District of Delaware

Harry Samuel

Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll

et al.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.

The Dentist said plaque developed around the tooth, and eat some of the bone away that hold the tooth.

I was next schedual for treatment to clean my tooth (teeth). I explained to the Dentist that the warden had forwarded a letter to the Dentist to take action on getting my teeth (tooth) straight. (see two letters from Thomas the warden dated November 20, 2001 and ~~November~~ October 26, 2001). I bit my lip and it is hard to talk the way my tooth grow back. I was charged \$4.00 dollars for the filling see Delaware Department of Correction Health Care Services Fee Sheet. I don't think I should have to pay because the Tax payers already payed for me to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry L. Samuel
SBI #201360

Delaware Correctional Center

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Harry Samuel SBI# 00201360
(Last, First MI)

Facility DCC Date 9-7-2005

Chargeable Visit \$4.00
 Non Chargeable Visit -0-
 Medication Handling Fee (\$2.00 X _____) \$ _____

Total Amount Charged To Inmate Account \$4.00

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES
DESCRIBED ABOVE.

Inmate Signature: Harry Howell Date: 10/10/01

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

Digitized by srujanika@gmail.com

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by: _____ Date: _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

vintist Kathy

Filed fourth, July 1, 2005
beginning of September
2005. (CMS)

Other Events

1:05-cv-00037-SLR Samuel v. Carroll, et al

U.S. District Court

District of Delaware

Notice of Electronic Filing

The following transaction was entered on 1/24/2007 at 1:38 PM EST and filed on 1/23/2007

Case Name: Samuel v. Carroll, et al

Case Number: 1:05-cv-37

Filer: Harry L. Samuel

Document Number: No document attached

Docket Text:

Partial Filing Fee Received from Harry L. Samuel: \$ 17.00, receipt number 146176 (copy to business office) (rpg)

1:05-cv-37 Notice has been electronically mailed to:

Ophelia Michelle Waters ophelia.waters@state.de.us

Dana Spring Monzo dmonzo@mccmck.com

1:05-cv-37 Notice has been delivered by other means to:

Daniel L. McKenty
McCullough & McKenty, P.A.
1225 North King Street, Suite 1100
P.O. Box 397
Wilmington, DE 19899-0397

Harry L. Samuel
SBI#201360
Delaware Correctional Center
1181 Paddock Road
Smyrna, DE 19977

INTERDISCIPLINARY PROGRESS NOTES

D00011

NAME _____

First

Middle

Attending Physician

Report No.

Rokuu/Bed

AMF fast
Samuel

Harry

FCNL-002

INTERDISCIPLINARY PROGRESS NOTES Continued on Reverse

DELAWARE DEPARTMENT OF CORRECTIONS
 REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
 FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

23, C, 1, U

Housing Location

8-17-62

Date of Birth

201360

SBI Number

9 - - 05

Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental Care. on 11-2-04 I was handcuffed behinded my back during Dental Treatment with TK KionKe the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, rist, and Shoulder I need to see Doctor it got worst.

Harry L Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED
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Exhibit - 26

PHYSICIAN'S ORDER SHEET

START

7 MAY 05 8 AM
AD DOB 10/10/50 5TH PROGRESS

Not: R. Pajerowski LPN
10/30/02 1430

NAME _____

ALLERGIES _____

JANET, Honey

ID 201360 DOB _____

START NEW ORDERS BELOW

START

Not: R. Pajerowski LPN
10/30/02 1430
Admit: 10/30/02 1430

CR- PPD Annual

START NEW ORDERS BELOW

START

Nurse Protocol 10/5/05

- Motrin 600mg, 20 tabs x 1 box
as needed for pain to
(R) shoulder & (R) wrist

Return to sick call if pain
- continues

000004

PDR/DR/10/05/05

PHYSICIAN'S ORDERS

In the United States District Court
District of DelawareHarry Samuel
Plaintiff

v.

civ. No. 05-037-SLR

Thomas Carroll (Warden)
and et al
Dental ServiceRE: Being handcuffed during Dental
Treatment and Pain and Suffering

Plaintiff Samuel Submit that after waiting a while to see if the pain and injuries I got from being handcuff behind my back during dental Treatment would go away the pain and injuries I suffered in my hand, rist and Shoulder did not go away.

Therefore I Put in a sick call to see the Doctor about my pain and my injuries to my hand, rist and Soulder (See exhibit - 26 Medical/Dental sick call).

On 10-5-2005 the nurse call to see me about my sick call slip I put in (exhibit - 26) BY taking me to the nurse/ Doctor office and examin me. I explained to nurse Dan ye that I have pain in my hand, rist and Shoulder and injuries to my rist and shoulder. I explained to the nurse that it feels like something is broke in Shoulder and the pain and injuries is where I can't exercise because when I Put Pressure from exercising the pain gets worst. The ^{nurse} then instructed me stop exercising, and gave me a Box of Pain Reliever, and a container (cup) of muscle cream and instructed to Put a worm towel on my hand, rist and Shoulder the nurse Said I may have pinched a nerve.

← Pain reliever nurse gave me.

24 Tablets

NDC # 47682-100-64



Pain Reliever / Fever Reducer
Easy to Swallow - Film Coated Tablets
Compares Active Ingredients to Advil®

Registered Trademark of Wyeth Consumer Healthcare, Inc.
Manufactured for Medique Products, Wood Dale, Illinois 60191 USA
800-531-7680

Respectfully Submitted

Harry L. Samuel
Date:

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel
Name (Print)

MHU 23 C, 1, 4
Housing Location

8-17-62
Date of Birth

201360
SBI Number

Date Submitted

Complaint (What type of problem are you having)? I received Injuries to my hand, wrist and shoulder while force to wear handcuffs during dental treatment. I, seen the nurse for my Injuries, and pain in my hand, wrist and shoulder. My pain continues I need to see Doctor for my Injuries and pain in my hand, wrist and shoulder

Harry Samuel
Inmate Signature

6-12-06
Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

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Subject: Dental Care	Page 3 of 5
Chapter: Health Care	Policy Number: D-1

Documentation will minimally note any missing teeth, any obvious dental decay, and the presence of dental appliances. The attending dentist may vary from the time schedule on an individual patient basis if it is judged to be necessary for the protection, safety, and welfare of the facility operation.

3. A dental treatment plan with inmate participation will be established. The care plan should include dental objectives, interventions and methods of evaluation care. Specific areas of planning should include medication, laboratory tests, and diet and health education as appropriate. This treatment plan will be reassessed and may be modified by the dentist. The following categories will define the treatment priorities:

- a. Category I:

Emergent care requiring immediate treatment will be provided for all inmates at the facility. This level of care includes treatment of the following:

- i. **Avulsed dentition**
- ii. **Fractured dentition with pulpal exposure**
- iii. **Facial trauma**
- iv. **Acute periapical abscesses**
- v. **Extensive carious lesions**
- vi. **Acute oral pathology**

- b. Category II:

Priority care, which if left untreated, would cause bleeding, pain, swelling or, which has the potential to cause eminent acute infection. This condition should be treated to prevent it from becoming a Category I. If appropriate, this case may be delayed until transfer to the parent institution and would include, but not be limited to, treatment of the following:

- i. **Acute periodontal conditions**
- ii. **Chronic oral pathology**

Subject: Dental Care	Page 4 of 5
Chapter: Health Care	Policy Number: D-1

c. Category III:

Routine dental services will include, but not be limited to, restorative care to:

- i. Stop disease processes
- ii. Prevent extractions
- iii. Restore teeth
- iv. Improve function
- v. Maintain the integrity of the dental arches
- vi. Prosthetic replacement of dentition (partial and complete dentures)

4. As part of routine dental service provision, a preventative dental program will be implemented, which includes a scheduling system to maintain these services. The delivery of routine services is contingent upon the maintenance of an acceptable plaque index by the inmate. The preventative dental program should consider:

- a. Oral prophylaxis
- b. Proper oral hygiene instruction
- c. Distribution of dental information
- d. Selection of proper dentifrice and toothbrush to control and prevent abrasion
- e. Dietary consideration related to erosion

F. DENTAL EMERGENCIES

An inmate with a dental emergency will be taken to the appropriate outside source. The FCM dentist will consult with appropriate specialists as required. The appropriate process for securing outside emergency dental care is to call the provider on-call via the physician answering service.

Subject: Dental- Education and Treatment	Page 2 of 3
Chapter: Health Care	Policy Number: D-3

part of each inmate's regular intake and classification procedure, a dentist, or health care personnel properly trained and designated by the dentist, provides a dental screening. The initial screening includes instruction on dental hygiene.

- B. A dental examination will be performed within twelve months, supported by x-rays, if necessary.
- C. Treatment of dental pain, sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas and repair of partial and dentures for those inmates with less than twelve months of detention.
- D. Treatment plan with x-rays for those inmates who request care with more than twelve months of detention.

E. DENTAL CLASSIFICATION

Each inmate is assigned a priority of need by category of dental treatment. The highest assigned priority of need is the inmate's dental classification.

- 1. Priority 1 – Individuals with emergent or urgent treatment needs (See also 3, below)
- 2. Priority 2 – Individuals with interceptive treatment needs.
- 3. Priority 3 – Individuals with corrective treatment needs.
- 4. Priority 4 – Individuals with elective or no treatment needs.

F. PRIORITY 1 CONDITIONS

- 1. The screening dentist provides for the relief of acute oral and maxillofacial conditions characterized by trauma, infection, pain, swelling or bleeding that are likely to remain acute or worsen without intervention. The screening dentist refers those acute oral and maxillofacial conditions, which require specialty consultation or treatment directly to the appropriate General Hospital Oral Surgery Outpatient Clinic.
- 2. For those Priority 1 conditions that require postoperative follow-up, or any dental condition which the screening dentist determines should be brought to the attention of the dentist at the inmate's unit of assignment, the screening dentist (or the oral surgeon if the patient was referred) will list

Subject: Dental Recording and Scheduling Inmate Visits	Page 2 of 3
Chapter: Health Care	Policy Number: D-7

1. Only one sick call log is used per clinic regardless of the number of care providers assigned to the clinic.
2. Each routine sick call request requiring a clinic visit is to be recorded in the sick call log, and is normally scheduled within five to seven days. Scheduling of sick call requests beyond this guideline is acceptable when a disproportionately high number of requests have been received in one day.
3. Unscheduled visits are usually those resulting from an indication of an emergency or urgent need to be seen by the dentist. Such visits are to be recorded in the sick call register on the same page for that day's routine sick call visits. "Unscheduled" is recorded next to the inmate's name.
4. General requirements for maintaining the sick call register
 - a. A new page of the register is started for each day's sick call.
 - b. The date and care provider's name is placed at the top of each page.
 - c. If there is more than one care provider, the name of the additional care provider is entered in the Health Care Staff column on the appropriate line.
 - d. The service provided and inmate disposition is recorded for each visit, to include "F" for failed appointments.

B. The Dental Clinic Log/Appointment Book is used for recording and scheduling all routine visits. The use of methods other than the appointment book for recording the names of inmates/residents to be scheduled for treatment, such as waiting lists or card indexes, are not authorized.

1. Each care provider is responsible for assuring the maintenance of their appointments.
2. Inmates are scheduled in the appointment book based on priority of need.
3. Inmates should not be scheduled in the appointment book beyond five weeks in advance.
4. General requirements for maintaining the appointment book:
 - a. Pages should not be removed or shifted in the appointment book.
 - b. Each page may be left undated until the date of the appointments.

Subject: Dental Recording and Scheduling Inmate Visits	Page 3 of 3
Chapter: Health Care	Policy Number: D-7

c. The type of treatment planned should be recorded for each inmate scheduled. This should be entered at the time the inmate is scheduled and on the line beneath the name (i.e., two lines are used for each inmate scheduled). Other notations may be made as needed to include "F" for failed appointments.

VII. MONITORING/EVALUATION:

This policy is applicable without changes as noted to the following facilities:

- Sussex Correctional Institution
- Delaware Correctional Center
- Baylor Women's Correctional Institution
- Gander Hill Multi-Purpose Criminal Justice Facility

VIII. ATTACHMENTS

1. Dental Sick Call Log
2. Dental Sick Call Appointments



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
OFFICE OF THE WARDEN
DELAWARE CORRECTIONAL CENTER
1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 653-2855

MEMORANDUM

TO: Inmate Harry Samuel
#201360

FROM: Thomas L. Carroll
Warden

A handwritten signature in black ink that reads "Thomas L. Carroll".

DATE: November 20, 2001

RE: Letter

This will acknowledge receipt of your letter on November 15, 2001 regarding dental problems. Please be advised that this matter has been forwarded to Ms. Georgia Perdue of Correctional Medical Services for her information, review and action.

TLC/sw

Cc: Georgia Perdue, CMS
file

1. In regard to plaintiff wrote to Carroll Warden to get approval for CMS to straighten plaintiff teeth by Braces. Ms. Georgia never complied.
2. At the first initial visit cms told plaintiff we can break your teeth in half unless you get the warden approval to Brace teeth.
3. another letter the warden did not respond to about a fee dispute the Deputy warden McGuigan responded to state that he did not understand what I was say about no treatment but had to pay \$4.00.



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
OFFICE OF THE WARDEN
DELAWARE CORRECTIONAL CENTER

1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 653-2855

MEMORANDUM

TO: Inmate Harry Samuel
#201360

FROM: Thomas L. Carroll
Warden

Thomas L. Carroll

DATE: October 26, 2001

RE: Letter

This will acknowledge receipt of your letter dated October 19, 2001 regarding dental services. Be advised that I have forwarded your request to Ms. Georgia Perdue of Correctional Medical Services for action.

TLC/sw

Cc: Deputy Warden McGuigan
Security Superintendent Cunningham
Georgia Perdue
file

about braces never
receive reponce from
this letter for action
from Ms. Georgia (CMS)



Legal Mail

To. Office of the Clerk
United States District Court
844 N. King Street, Lockbox 18
Wilmington, Delaware
19801-3570

